How providers can navigate changes in utilization management



Utilization management (UM) works to ensure that the right health care service is being issued to the right patient at the right time, with the least possible burden for patients and providers.

However, it's not without its challenges. Providers may face:



Fragmented, outdated and often highly manual internal processes.



Time-consuming paperwork and question sets that may lead to gaps in care.



Confusion surrounding certain benefit requirements and processes.

Recent UM regulation and legislation

Although an important part of the UM process, prior authorization has been under intense media and regulatory scrutiny in recent years, with common complaints involving administrative burden, delays in care and provider dissatisfaction. In response, legislators and regulators at both the federal and state levels have been turning their attention to utilization management. Here are recent developments providers should know about:

- + The Centers for Medicare & Medicaid Services (CMS) recently finalized major rules, including the <u>CMS</u> <u>Interoperability and</u> <u>Prior Authorization</u>.
- + State legislatures have passed laws, such as Vermont's HB766, which prohibits commercial health plans from requiring prior authorization for any care ordered by a primary care physician.
- + In 2024, there have been
 19 proposed bills to waive
 some prior authorization
 processes for providers
 who meet certain criteria,
 with three states passing
 such laws.

Trends in utilization management

As a result of increased regulatory pressure across the country, some health insurers have begun to reduce prior authorization requirements, replace it with new processes or incorporate new technologies into their systems, such as:



Utilizing artificial intelligence (AI) to help automate the prior authorization process.



Emphasizing ePA to reduce turnaround time.



Developments like utilizing Al and ePAs should be welcomed, as breakthrough technology can reduce pain points and help to alleviate provider burden.



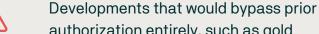
Implementing gold card programs that allow providers who meet certain

eligibility requirements to bypass prior authorization for many procedures.



qualify for such gold card programs.

Requiring advanced notification to



authorization entirely, such as gold carding, may not maintain patient safety or minimize waste.

Eliminating certain utilization management functions could potentially increase commercial premiums by approximately **\$600** to **\$1,500** per member annually.¹



\$600 - \$1.5K annual increase in premiums

How EviCore is simplifying the UM experience



Using predictive AI in place of the survey for

for providers

select services leading to faster, more accurate outcomes



approvals for 40-60% of eligible prior authorization requests

Providing immediate



Leveraging integrated data to reduce the question sets we send to providers to complete

A better utilization management experience means creating a more effective, collaborative and transparent system for providers through data, technology and innovative approaches.

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Read our full white paper on how to stay ahead of a rapidly

evolving utilization management landscape here.

EviCore

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